

|  |              |                 |                             |
|--|--------------|-----------------|-----------------------------|
|  |              | <b>Subclass</b> | <b>ISSUE CLASSIFICATION</b> |
|  | <b>Class</b> |                 |                             |

**PATENT NUMBER**

## **U.S. UTILITY Patent Application**

JC2  
JC858

KW O.I.P.E.  
SCANNED SD Q.A. A

**PATENT DATE**

|                 |            |       |          |          |                   |
|-----------------|------------|-------|----------|----------|-------------------|
| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT | EXAMINER          |
| 09/658551       | F          | 128   | 204, 23  | 3761 A   | Patel<br>A. Lewis |

APPLICANTS

Craig Jeffrey  
Graeme Woolmore  
Anthony Newland

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## Breathing assistance apparatus

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PTO-2040  
12/89

## **ISSUING CLASSIFICATION**

|   |   |             |            |                            |                      |
|---|---|-------------|------------|----------------------------|----------------------|
| <input type="checkbox"/> TERMINAL<br>DISCLAIMER   | DRAWINGS                                  |             |            | CLAIMS ALLOWED             |                      |
|   | Sheets Drwg.                              | Figs. Drwg. | Print Fig. | Total Claims               | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  |   |             |            | NOTICE OF ALLOWANCE MAILED |                      |
|   | (Assistant Examiner) _____ (Date)         |             |            |                            |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br>_____<br>_____ |   |             |            | ISSUE FEE                  |                      |
|   | (Primary Examiner) _____ (Date)           |             |            | Amount Due                 | Date Paid            |
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|   | (Legal Instruments Examiner) _____ (Date) |             |            |                            |                      |

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